

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017651

1. Entity Name

PRESTIGE INVESTMENT PROPERTIES, INC.

FILED

00 SEP 27 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

165 ANNWOOD RD
PALM HARBOR FL 34685
US

Mailing Address

165 ANNWOOD RD
PALM HARBOR FL 34685
US

2. Principal Place of Business

11 HARBOR COVE ST.

Suite, Apt. #, etc.

3. Mailing Address

11 HARBOR COVE ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SAFTY HARBOR, FL.

City & State

SAFTY HARBOR, FL.

4. FEI Number

65-0642267

Applied For

Not Applicable

Zip

34695

Country

US

Zip

34695

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOBLES, WILLIAM R
165 ANNWOOD RD
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

NOBLES, WILLIAM R.

Street Address (P.O. Box Number is Not Acceptable)

11 HARBOR COVE ST.

City

SAFTY HARBOR

FL

Zip Code

34695

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

William R. Nobles

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME NOBLES, WILLIAM R
STREET ADDRESS 165 ANNWOOD RD
CITY-ST-ZIP PALM HARBOR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William R. Nobles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-00
Date

727-492-5905
Daytime Phone #

CR2E034 (5/00)